

Indiana Division of Mental Health and Addiction
Community Alternatives to Psychiatric Residential Treatment Facility

Incident Initial Report - Confidential

Please submit via secure fax (317) 233-1986

SECTION I - CONSUMER INFORMATION (Subject #1)

Slot #: _____ Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ County: _____ Gender: _____

Primary Funding Source: CA-PRTF _____ PRTF _____

INDICATE WHICH OF THE FOLLOWING AGENCIES AND INDIVIDUAL HAVE BEEN INFORMED:

| | | | | |
|-------------------------|-----|-----|-------------|-------------|
| Residential Provider? | Yes | N/A | Name: _____ | Date: _____ |
| Legal Guardian? | Yes | N/A | Name: _____ | Date: _____ |
| Hab/Voc Provider? | Yes | N/A | Name: _____ | Date: _____ |
| Wraparound Facilitator? | Yes | N/A | Name: _____ | Date: _____ |
| CPS? | Yes | N/A | Name: _____ | Date: _____ |
| Coroner? | Yes | N/A | Name: _____ | Date: _____ |
| Police? | Yes | N/A | Name: _____ | Date: _____ |

SUPERVISORY PROVIDER INFORMATION

Responsible Supervisory Provider: _____

Individual Supervising at time of incident: _____

SECTION II - REPORTING PERSON AND REPORTING AGENCY

Last Name: _____ First Name: _____ Position: _____

Phone: _____ Email Address: _____

Date Report Submitted: _____ Reporting Agency: _____

SECTION III - INCIDENT INFORMATION

Incident: _____

Date: _____

Time: _____

| | | |
|-----------------|--------------------|------------------------------|
| Where Occurred: | Home, Own _____ | PRTF _____ |
| | Home, Family _____ | School _____ |
| | Community _____ | Grant Service Location _____ |
| | Hospital _____ | Other (Explain) _____ |

INCIDENT INITIAL REPORT (STANDARD) - Confidential

As Report in Section I - Consumer Information (Subject #1) - Confidential

Consumer Name: _____

Incident Date: _____

Slot #: _____

Incident Time: _____

NARRATIVE: DETAILS - STANDARD

Describe the injury, condition or circumstance of the incident and the activities taking place immediately prior to the incident. Identify all participants and their involvement in the incident. Please be comprehensive but concise in explaining who, when, where, why how and what was heard and/or observed.

Plan to Resolve (Immediate and Long Term)

INCIDENT INITIAL REPORT (DEATH) - Confidential

Is this incident regarding the death of this consumer Yes No

As Report in Section I - Consumer Information (Subject #1)

Consumer Name: _____ Incident Date: _____

Slot #: _____ Incident Time: _____

NARRATIVE: DETAILS - DEATH

Please include the following DEATH information:

1. Date of Death: _____ Time of Death: _____

| | | | | |
|--------------------|-----------------------------------|-------|--------------|-------|
| 2. Place of Death: | Home, other (family, friend, etc) | _____ | School | _____ |
| | Home, own (house, apt, etc.) | _____ | Hospital | _____ |
| | Foster Home | _____ | PRTF | _____ |
| | Other Setting | _____ | Work Setting | _____ |
| | Grant Service Location | _____ | | |

3. Circumstances immediately preceding the death, if known:

4. Circumstances immediately following the death or discovery of the death, if known:

5. Describe all life-saving measures, IF ANY WERE APPLICABLE, that were attempted at the time of death, (i.e., CPR administered, 911 called, transported to hospital, etc.), if known:

6. If no live-saving measures were taken, please explain why not (i.e., was there a no-code status, do not resuscitate (DNR) order, etc.), if known:

7. Was the death of the individual expected? Yes No

8. Was there a DNR status? Yes No Unknown

9. What is the preliminary cause of death?

10. Description of the event(s) surrounding this death is as follows:

